

PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT

SECTION A

1. Company Name Airflyte Electronics Co., Inc.
2. Permit Number if applicable: 36406540
3. Location: 56 New Hook Road
Bayonne, New Jersey Zip Code: 07002
4. Mailing Address _____
_____ Zip Code: _____
5. Person to contact concerning information provided in this application:
Name of Contact Official: John Arch
Title: Quality Assurance Director Phone No. 201-436-2230
Address 56 New Hook Rd. Bayonne, NJ Zip code 07002 EX.17
6. Number of Employees – Full Time: 79 Part Time: None
Number of Work Days Per Year: 300
Number of Shifts Per Day: 1
7. If property is owned indicate block and lot number(s):
Block C Lot 3.MI
Assessed Value: _____ 19 _____
8. If property is rented indicate name and address of owner:
N/A

Total square feet rented: N/A
9. List NJPDES Permit Number if applicable, None
and
Name of receiving Body of Water entered _____

0•A

282,744•+

359,788•+

277,508•+

275,200•+

004

1,195,240•*

1,119,940•+

75,300•+

002

1,195,240•*

SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased

☒ Y - ☐ N

Well

Y - ☒ N

If Y, is it metered

Y - N

River

Y - ☒ N

If Y, is it metered

Y - N

11. Name of purchased water supplier:

City of Bayonne

List all Account #'s:

54-000412. Water Received: From Mo. 6 Yr. 98 Through Mo. 6 Yr. 99

(* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 st Qtr.	282744			282744
2 nd Qtr.	359788			359788
3 rd Qtr.	277508			277508
4 th Qtr.	275200			275200

GRAND TOTAL 1195240

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/Ditch	Gallons Used Other
Sanitary service only	1119940		
Process waste water	* 75300		
Cooling water			
Evaporation			
Contained in the product			
Other (describe)			

GRAND TOTAL 1195240

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer

☒ Y - ☐ N

To the Combined Sewer

☐ Y ☒ N

To the Storm Sewer

☐ Y ☒ N

River or Ditch

☐ Y ☒ N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
	N/A		

SECTION C**OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous N/A
 or intermittent N/A each operating day.

If the discharge is intermittent, it occurs between the following hours: N/A

17. Brief description of Manufacturing or other activity performed: Manufacturer of
Slip Ring Assemblies and Rotating Electro/Mechanical Components.

List SIC CODE #: 3644

18. Principal Raw Materials used: Thermosetting plastics, Aluminum, Brass and
Stainless Steel

19. Principal Products or Services: Slip Ring Assemblies

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.

Include variations in product lines which affect waste characteristics:

N/A Not Seasonal

Does this facility shutdown for vacation(s)? No If so, is it basically the same time each year. _____ Provide dates usually shutdown _____

SECTION D

MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet 36406540 The effluent is monitored through a totalizing, non-resettable flow meter. Samples are collected, maintained, and transported by certified laboratory personnel and tested I.A.W. 40-CFR-136.

Outlet _____

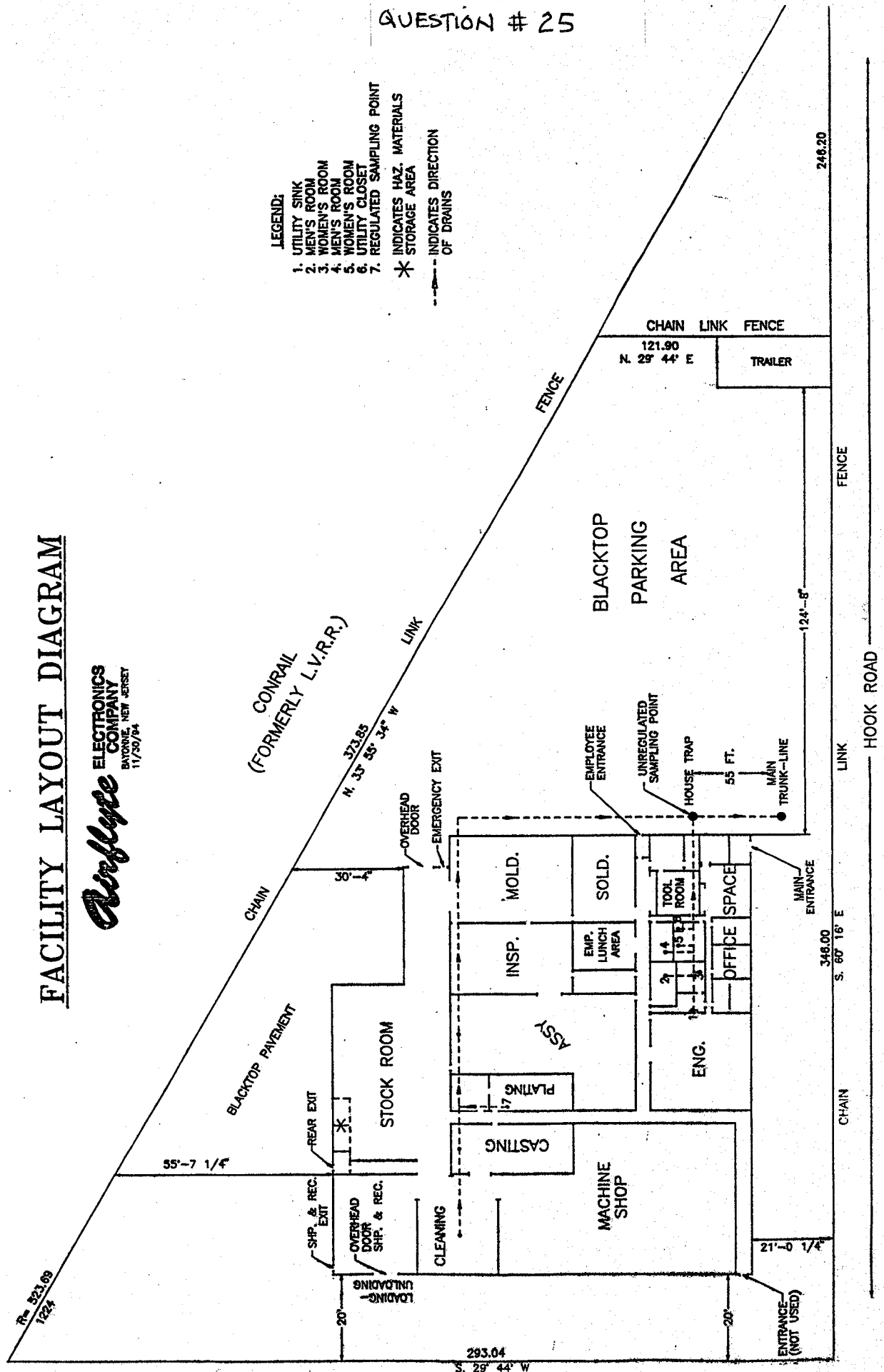
Outlet _____

22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>
36406540	No	* 8 hour peristaltic composite sampler	4°C

* Airflyte only operates an 8 hour shift in the pretreatment area.

ATTACHMENT:
SECTION D
QUESTION # 25



SECTION D (continued)

23. Volume Information:

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>
36406540	251	Y	Totalizing Flow Meter (non-resettable)	8/14/99

24. Frequency of calibration of each flow meter: 1 Year

25. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

NOTE: Facility layout diagram dated 11/30/94 is applicable and attached to this application.

SECTION E**ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 36406540

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
Code	Parameter	Value	Code	Parameter	Value
0200*	Radioactivity (PL-1)	*	1097*	Antimony (Sb)	*
0500	Total Solids	181	1002*	Arsenic (As)	0.00
0505	Volatile Solids	32	1022*	Boron (B)	*
0530	Total Suspended Solids	71	1027	Cadmium (Cd)	0.00
0540	Volatile Suspended Solids	32	1034*	Chromium Total (Cr)	0.00
0555	(1)(3) Petroleum Hydrocarbons	0.50	1042	Copper (Cu)	0.07
0310	Biochemical Oxygen Demand (BOD)	16	1045*	Iron (Fe)	*
			1051	Lead (Pb)	0.00
0340	Chemical Oxygen Demand (COD)	137	0720*(3)	Cyanide (Cn)	0.01
			1900	Mercury (Report to 0.XXX)	0.000
0680	Total Organic Carbon (TOC)	4	1067	Nickel (Ni)	0.02
			1147*	Selenium (Se)	*
9000	pH(standard unit range)	7	1077*	Silver (Ag)	*
0610	(1) Ammonia as N	3.7	1102*	Tin (Sn)	*
0550	(1)(3) Total Oil & Grease	5	1092	Zinc (Zn)	0.04
0745*	(1) Sulfide	*	2730	Phenol	0.05
0507*	(1) Ortho Phosphates as P	*	4053*	Pesticides (Report to 0.XXX)	*
0625*	(1) Kjeldahl N as N	*			
9998*	(2)(3) TTO (Report to 0.XXX)	*	9999*(3)	TTVO (Report to 0.XXX)	*

FOOTNOTES: All values above are expressed in mg/L

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
(*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87
8/89
7/90
9/94
8/95
11/95
07/98

SECTION E (continued)

Samples collected by: Accutest

2235 Rt. 130, Dayton, NJ 08810 Date: _____

Sample analyzed by: Same as above Date:

Products being manufactured when sample was collected:

Same as noted in Question #17

27. Who performs the analyses of the samples for User Charge? Accutest

2235 Rt. 130, Dayton, NJ 08810

28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N Yes

29. Who performs the analyses of the samples for the Pretreatment Parameters?

Same as noted in Question # 27

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

N/A

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N Yes

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

SECTION F**PRETREATMENT**

32. Industrial Category: 40 CFR 413.14
Subpart (s): A
33. Compliance date(s): 5/15/90
34. Is facility in compliance? Yes If not, and if compliance date has passed,
explain actions being taken to get into compliance: _____

35. Date Baseline Monitoring Report (BMR) submitted to PVSC: 6/1/90
36. Compliance schedule submitted: Yes
If yes is facility on schedule? Yes Explain if compliance date will not be met:
Airflyte has been in compliance without interruption since 5/15/90
37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?
If yes, describe No
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?
If yes, describe No
39. Has this facility even been cited by NJDEP or EPA for a violation of State or Federal
Regulations for the nature of its wastewater discharge? Y - N No
40. Is this facility under an ISRA Clean up? No If so, has a plan been approved by
NJDEP: N/A

Is there any plan to discharge groundwater?
No

CERTIFICATION*:

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: _____

John Arch

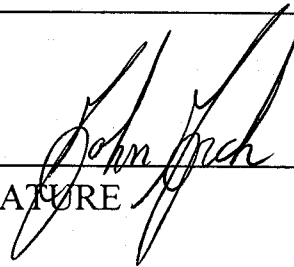
Print Name

TITLE: Director, Quality Assurance

12-6-99

DATE

SIGNATURE



*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

TABLE 1 EPA PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene			X		2,4 dimethylphenol			X	
acrolein			X		2,4 dinitrotoluene			X	
acrylonitrile			X		2,6 dinitrotoluene			X	
benzene			X		1,2 diphenylhydrazine			X	
benzidine			X		ethylbenzene			X	
carbon tetrachloride (tetrachloromethane)			X		fluoranthene			X	
chlorobenzene			X		4-chlorophenyl phenyl ether			X	
1,2,4-trichlorobenzene			X		4-bromophenyl phenyl ether			X	
hexachlorobenzene			X		bis(2-chloroisopropyl) ether			X	
1,2 dichloroethane			X		bis(2-chloroethoxy) methane			X	
1,1,1 trichloroethane			X		methylene chloride(dichloromethane)			X	
hexachloroethane			X		methyl chloride (chloromethane)			X	
1,1,dichloroethane			X		methyl bromide (bromomethane)			X	
1,1,2 trichloroethane			X		bromoform(tribromomethane)			X	
1,1,2,2 tetrachloroethane			X		dichlorobromomethane			X	
chloroethane			X		trichlorofluoromethane			X	
bis(chloromethyl) ether			X		dichlorodifluoromethane			X	
Bis(2 chloroethyl) ether			X		chlorodibromomethane			X	
2-chloroethyl vinyl ether mixed			X		hexachlorobutadiene			X	
2-chloronaphthalene			X		hexachlorocyclopentadiene			X	
2,4,6, trichlorophenol			X		isophorone			X	
parachlorometa cresol			X		naphthalene			X	
Chloroform (trichloromethane)		X			nitrobenzene			X	
2 chlorophenol			X		2-nitrophenol			X	
1,2, dichlorobenzene			X		4-nitrophenol			X	
1,3, dichlorobenzene			X		2,4-dinitrophenol			X	
1,4, dichlorobenzene			X		4,6 dinitro-o cresol			X	
3,3, dichlorobenzidine			X		N-nitrosodimethylamine			X	
1,1,dichloroethylene			X		N-nitrosodiphenylamine			X	
1,2 trans-dichloroethylene			X		N-nitrosodi-n-propylamine			X	
2,4,dichlorophenol			X		pentachlorophenol			X	
1,2, dichloropropane			X		phenol			X	
1,3, dichloropropylene			X						
(1,3 dichlor propene)			X						

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS (continued)**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate			X		endrin			X	
butylbenzylphthalate			X		endrin aldehyde			X	
di-n-butylphthalate			X		heptachlor			X	
di-n-octylphthalate			X		heptachlor (epoxide)			X	
diethylphthalate			X		BHC Alpha			X	
dimethylphthalate			X		BHC Beta			X	
benzo(a)anthracene			X		BHC Gamma			X	
benzo(a)pyrene			X		BHC Delta			X	
3,4 benzofluoranthene			X		PCB1242			X	
benzo(k) fluoranthene			X		PCB1254			X	
chrysene			X		PCB1221			X	
acenaphthylene			X		PCB1232			X	
anthracene			X		PCB1248			X	
benzo(ghi)perylene			X		PCB1260			X	
fluorene			X		PCB1016			X	
phenanthrene			X		toxaphene			X	
dibenzo (a,h) anthracene			X		antimony(total)			X	
indeno (1,2,3-c,d) pyrene			X		arsenic (total)			X	
pyrene			X		asbestos (fibrous)			X	
tetrachloroethylene			X		beryllium (total)				X
toluene				X	cadmium (total)				X
trichloroethylene			X		chromium (total)				X
vinyl chloride			X		copper (total)				X
aldrin			X		cyanide (total)	X			
dieldrin			X		lead (total)		X		
chlordane			X		mercury (total)			X	
4,4 DDT			X		nickel (total)		X		
4,4, DDE			X		selenium (total)			X	
4,4, DDD			X		silver (total)		X		
endosulfan I			X		thallium (total)			X	
endosulfan II			X		zinc (total)				X
endosulfan sulfate			X		2,3,7,8, tetrachlorodibenzo			X	
					p-dioxin			X	

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide			X		n,n-dimethyl aniline			X	
amitrole			X		3,3-dimethyl benzidine			X	
amyl alcohols			X		1,1-dimethylhydrazine			X	
aniline hydrochloride			X		dioxane			X	
anisole			X		diphenylamine			X	
auramine			X		ethylenimine			X	
benzotrichloride			X		hydrazine			X	
benzylamine			X		4,4-methylene bis			X	
					(2-chloraniline)			X	
o-chloroaniline			X		4,4-methylenedianiline			X	
m-chloroaniline			X		methyl isobutyl ketone			X	
p-chloraniline			X		alpha-naphthylamine			X	
1-chloro-2-nitrobenzene			X		beta-naphthylamine			X	
1-chloro-4-nitrobenzene			X		n-methylaniline			X	
chloroprene			X		1,2- phenylenediamine			X	
chrysoidine			X		1,3- phenylenediamine			X	
cumene			X		1,4-phenylenediamine			X	
2,3-dichloroaniline			X		sudan 1 (solvent yellow 14)			X	
2,4-dichloroaniline			X		thiourea			X	
2,5-dichloroaniline			X		toluene sulfonic acids			X	
3,4-dichloroaniline			X		toluidines			X	
3,5-dichloroaniline			X		xylidines			X	
1,3-dichloropropene			X						
1,3-dimethoxybenzidine			X						

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
			X					X	
acetaldehyde			X		isopropanolamine			X	
allyl alcohol			X		kelthane			X	
allyl chloride			X		kepone			X	
amyl acetate			X		malathion			X	
aniline			X		mercaptodimethur			X	
benzonitrile			X		methoxychlor			X	
benzyl chloride			X		methyl mercaptan			X	
butyl acetate			X		methyl methacrylate			X	
butylamine			X		methly parathion			X	
captan			X		mevinphos			X	
carbaryl			X		mexacarbate			X	
carbofuran			X		monoethylamine			X	
carbon disulfide			X		monomethylamine			X	
chlorpyrifos			X		naled			X	
coumaphos			X		napthenic acid			X	
cresol			X		nitrotoluene			X	
crotonaldehyde			X		parathion			X	
cyclohexane			X		phenolsulfanate			X	
2,4-D (2,4-dichlorophenoxy)			X		phosgene			X	
acetic acid			X		propagrite			X	
diazinon			X		propylene oxide			X	
dicamba			X		pyrethrins			X	
dichlobenil			X		quinoline			X	
dichlone			X		resorcinol			X	
2,2-dichloropropionic acid			X		strontium			X	
dichlorvos			X		strychnine			X	
diethylamine			X		stryrene			X	
dimethylamine			X		2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)			X	
dinitrobenzene			X		TDE (tetrachloro- diphenylethane)			X	
diquat			X		2,4,5-TP 2(2,4,5- trichlorophenoxy			X	
disulfoton			X		trichlorofon			X	
diuron			X		triethylamine			X	
epichlorohydrin			X		trimethylamine			X	
					propanoic acid			X	

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)**CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u> X	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u> X	<u>D</u>
ethanolamine			X		uranium			X	
ethion			X		vanadium			X	
ethylene diamine			X		vinyl acetate				X
ethylene dibromide			X		xylene			X	
formaldehyde			X		xlenol			X	
furfural			X		zirconium				
guthion			X						
isoprene			X						

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

SECTION FOUR

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

N/A

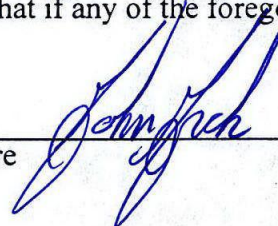
CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment,

Dated: 12-6-99

Signature



Director, Quality Assurance

Print Title & Position



Report of Analysis

Page 1 of 1

Client Sample ID: SEWERLINE [GRAB], PERMIT RENEWAL**Lab Sample ID:** E58465-2**Matrix:** AQ - Water**Project:** Bayonne**Date Sampled:** 11/05/99**Date Received:** 11/05/99**Percent Solids:** n/a

General Chemistry

Analyte	Result	RL	Units	DF	Analyzed By	Method
Cyanide	<0.010	0.010	mg/l	1	11/10/99 MET	EPA 335.3
HEM Oil and Grease	<5.0	5.0	mg/l	1	11/19/99 JJB	EPA 1664
Petroleum Hydrocarbons	<0.50	0.50	mg/l	1	11/11/99 JJB	EPA 418.1

Field Parameters

pH (Field)	7.2		su	1	11/05/99 HFM	EPA 150.1
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RL = Reporting Limit



Report of Analysis

Page 1 of 1

Client Sample ID:	SEWERLINE 8HR [COMP], PERMIT RENEWAL	
Lab Sample ID:	E58465-1	Date Sampled: 11/05/99
Matrix:	AQ - Water	Date Received: 11/05/99
		Percent Solids: n/a
Project:	Bayonne	

General Chemistry

Analyte	Result	RL	Units	DF	Analyzed By	Method
BOD, 5 Day	15.8	10	mg/l	1	11/06/99 JK	EPA 405.1
Chemical Oxygen Demand	137	20	mg/l	1	11/09/99 KY	EPA 410.1
Nitrogen, Ammonia	3.7	0.20	mg/l	2	11/24/99 MET	EPA 350.1
Phenols	<0.050	0.050	mg/l	1	11/15/99 TR	EPA 420.2
Solids, Total	181	10	mg/l	1	11/08/99 KG	EPA 160.3
Solids, Total Suspended	71.0	4.0	mg/l	1	11/10/99 SSG	EPA 160.2
Total Organic Carbon	4.4	1.0	mg/l	1	11/08/99 JK	EPA415.1/SW8469060M
Volatile Suspended Solids	32.0	4.0	mg/l	1	11/08/99 KG	EPA 160.4

RL = Reporting Limit



Report of Analysis

Page 1 of 1

Client Sample ID:	SEWERLINE 8HR [COMP], PERMIT RENEWAL		
Lab Sample ID:	E58465-1	Date Sampled:	11/05/99
Matrix:	AQ - Water	Date Received:	11/05/99
		Percent Solids:	n/a
Project:	Bayonne		

Metals Analysis

Analyte	Result	RL	Units	DF	Prep	Analyzed By	Method
Arsenic	<5.0	5.0	ug/l	1	11/09/99	11/11/99 ND	EPA 200.7
Cadmium	<4.0	4.0	ug/l	1	11/09/99	11/11/99 ND	EPA 200.7
Chromium	<10	10	ug/l	1	11/09/99	11/11/99 ND	EPA 200.7
Copper	75.3	25	ug/l	1	11/09/99	11/11/99 ND	EPA 200.7
Lead	<3.0	3.0	ug/l	1	11/09/99	11/11/99 ND	EPA 200.7
Mercury	<0.20	0.20	ug/l	1	11/23/99	11/23/99 MLC	EPA 245.1
Nickel	<20	20	ug/l	1	11/09/99	11/11/99 ND	EPA 200.7
Zinc	46.5	20	ug/l	1	11/09/99	11/11/99 ND	EPA 200.7

RL = Reporting Limit



CHAIN OF CUSTODY

Fresh Ponds Corporate Village, Building B
2235 Route 130, Dayton, NJ 08810
908-329-0200 FAX: 908-329-3499/3480

(one of one)

[illegible]

(703)

SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name of the applicant for service of process and the individual to be contacted in the event of an emergency.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the applicants (if no such document exists, state the name the business uses):

Airflyte Electronics Co., Inc.

Name of Applicant

TRADE NAME: Identify all trade names and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Airflyte Electronics Co., Inc.

Trade Name/Fictitious Name

BUSINESS ORGANIZATION: Please check the appropriate box:

- | | |
|-------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Corporation |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe) | |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: William J. Silvers Jr.

Street Address: 11 Isabella Ave.

City, State & Zip Code: Bayonne NJ 07002

Business Telephone: 201-436-2230 EXT. 25

Emergency Telephone: 201-823-3609

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporations's Registered Agent:

Name: William Feinberg
Company Name: Feinberg, Dee & Feinberg
Street Address: 550 Broadway
City, State & Zip Code: Bayonne NJ 07002

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State: NJ
Date: 8/20/52

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: _____

SECTION THREE

(To be completed only by Partnerships or Joint Ventures)

FORM OF PARTNERSHIP: Check One.

☐ General partnership ☐ Limited Partnership

PARTNERS: Identify (by name, residence address, business address and daytime telephone number) each partner or joint venture. (attach additional sheets if necessary):

Name: _____
Street Address: _____
City, State & Zip Code: _____

Name: _____
Street Address: _____
City, State & Zip Code: _____

**ELECTRONICS COMPANY**

FAX 201-436 6024

56 NEW HOOK ROAD, P.O. BOX 231 BAYONNE, NEW JERSEY 07002 201/436-2230

December 6, 1999

Passaic Valley
Sewerage Commissioners
600 Wilson Avenue
Newark, N.J. 07105

Attn: Nadine Peace

Re: Renewal of Sewer Permit # 36406540

Dear Nadine,

Enclosed you will find our renewal application for the referenced sewer connection permit. Attached to the permit application is laboratory analysis reports to substantiate question # 26 of section E, and also our facility layout drawing for question #25 section D.

In addition, a check for \$750.00 is enclosed for the sewer application fee.

If you have any questions or comments, please contact me directly.

Best Regards,

John Arch, Director, Quality Assurance

INDUSTRIAL 100-4107			
8110	8115	8120	8205
DEC 8 - 1999			

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.
FRANK J. CALANDRIELLO
DOMINIC W. CUCCINELLO
PETER A. MURPHY
ANGELINA M. PASERCHIA
THOMAS J. POWELL
DONALD TUCKER
COMMISSIONERS



Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(973) 344-1800
Fax: (973) 344-2951
www.pvsc.com

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

Industrial Fax: (973) 344-4876

RECEIPT FOR

APPLICATION FEE

PERMIT FEE

Received from: Airflyte Electronics

Address: 56 New Hook Road Bayonne, N.J. 07002

Amount of Payment: \$ 750.00

Date of Payment 12/7/99

Payment Received by: _____

Signature: _____

Amount: _____ Date: _____

**PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT**

SECTION A

1. Company Name Airflyte Electronics Co., Inc.
2. Permit Number if applicable: 36406540
3. Location: 56 New Hook Road
Bayonne, New Jersey Zip Code: 07002
4. Mailing Address _____ Zip Code: _____
5. Person to contact concerning information provided in this application:
Name of Contact Official: John Arch
Title: Quality Assurance Director Phone No. 201-436-2230
Address 56 New Hook Rd. Bayonne, NJ Zip code 07002 EX.17
6. Number of Employees – Full Time: 79 Part Time: None
Number of Work Days Per Year: 300
Number of Shifts Per Day: 1

36406540

Airflyte**ELECTRONICS CO.**

56 NEW HOOK ROAD • BAYONNE, NEW JERSEY 07002

SUMMIT BANK
BAYONNE, NJ 07002
55-216-212

10470

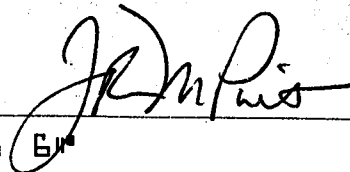
PAY Sum of Seven Hundred Fifty & 00/100 Dollars
TO THE ORDER OF

DATE
12/07/1999

AMOUNT
US\$ 750.00

PASSAIC VALLEY SEWERAGE COMM
600 WILSON AVE
NEWARK NJ 07105

⑈010470⑈ ⑈021202162⑈ 036⑈11586 6⑈



Name of receiving Body of Water entered _____

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.
FRANK J. CALANDRIELLO
DOMINIC W. CUCCINELLO
PETER A. MURPHY
ANGELINA M. PASERCHIA
THOMAS J. POWELL
DONALD TUCKER
COMMISSIONERS



Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(973) 344-1800
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ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

Industrial Fax: (973) 344-4876

RECEIPT FOR

APPLICATION FEE

PERMIT FEE

Received from:

Airflyte Electronics

Address:

56 New Hook Road Bayonne, N.J. 07002

Amount of Payment:

\$ 750.00

Date of Payment

12/7/99

Payment Received by:

Signature:

[Signature]

Amount:

750.00

Date:

12/10/99

**PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT**

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36406540

Airflyte ELECTRONICS CO.
56 NEW HOOK ROAD • BAYONNE, NEW JERSEY 07002

SUMMIT BANK
BAYONNE, NJ 07002
65-216-212

10470

PAY Sum of Seven Hundred Fifty & 00/100 Dollars
TO THE ORDER OF

DATE
12/07/1999

AMOUNT
US\$ 750.00

PASSAIC VALLEY SEWERAGE COMM
600 WILSON AVE
NEWARK NJ 07105

⑈010470⑈ ⑈021202162⑈ 036⑈11586 6⑈

John Arch

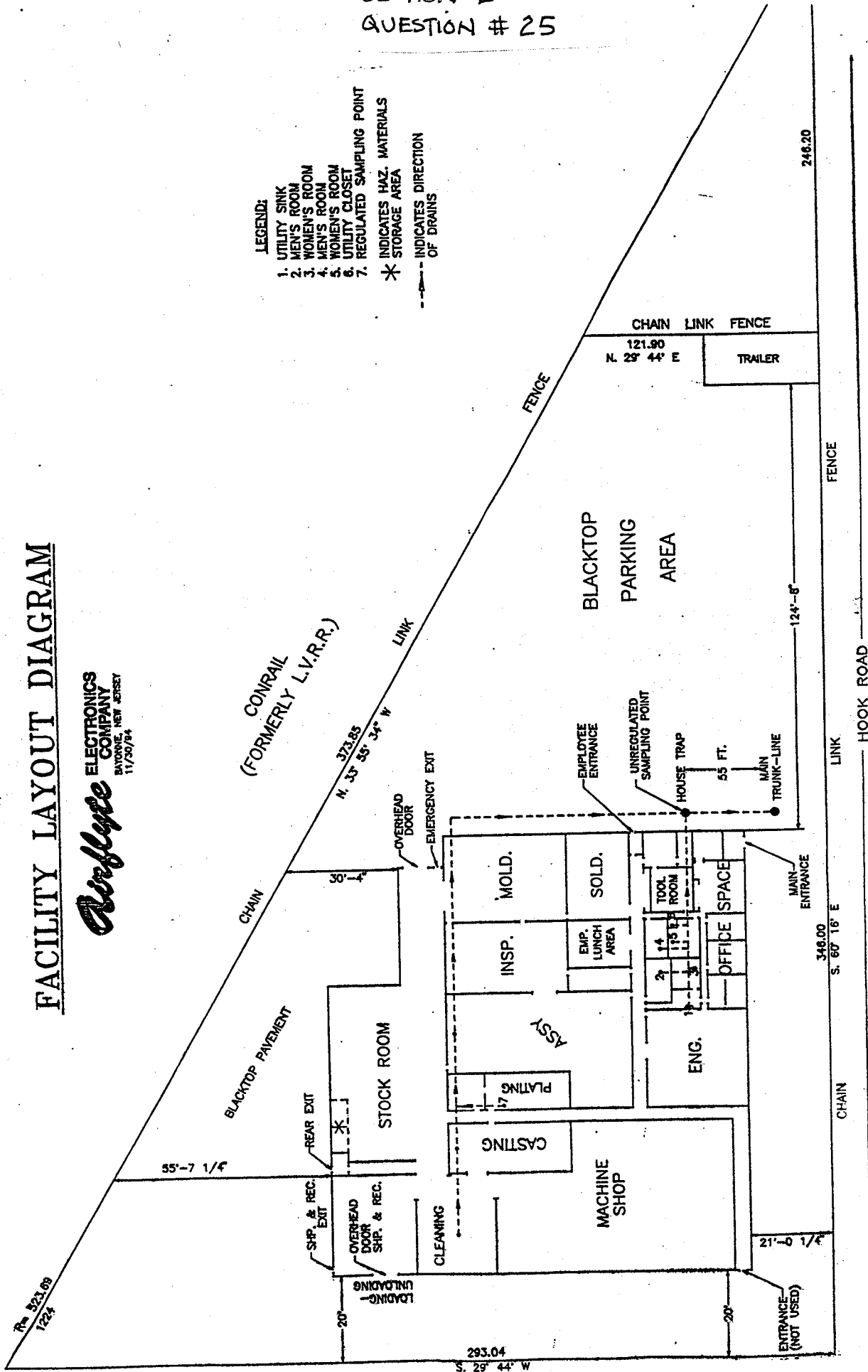
Name of receiving Body of Water entered _____

QUESTION # 25

FACILITY LAYOUT DIAGRAM

Reflex
ELECTRONICS
COMPANY
BAYONNE, NEW JERSEY
11/30/84

- LEGEND:
- 1. UTILITY SINK
 - 2. MEN'S ROOM
 - 3. WOMEN'S ROOM
 - 4. MEN'S ROOM
 - 5. WOMEN'S ROOM
 - 6. UTILITY CLOSET
 - 7. REGULATED SAMPLING POINT
 - * INDICATES HAZ. MATERIALS STORAGE AREA
 - INDICATES DIRECTION OF DRAINS

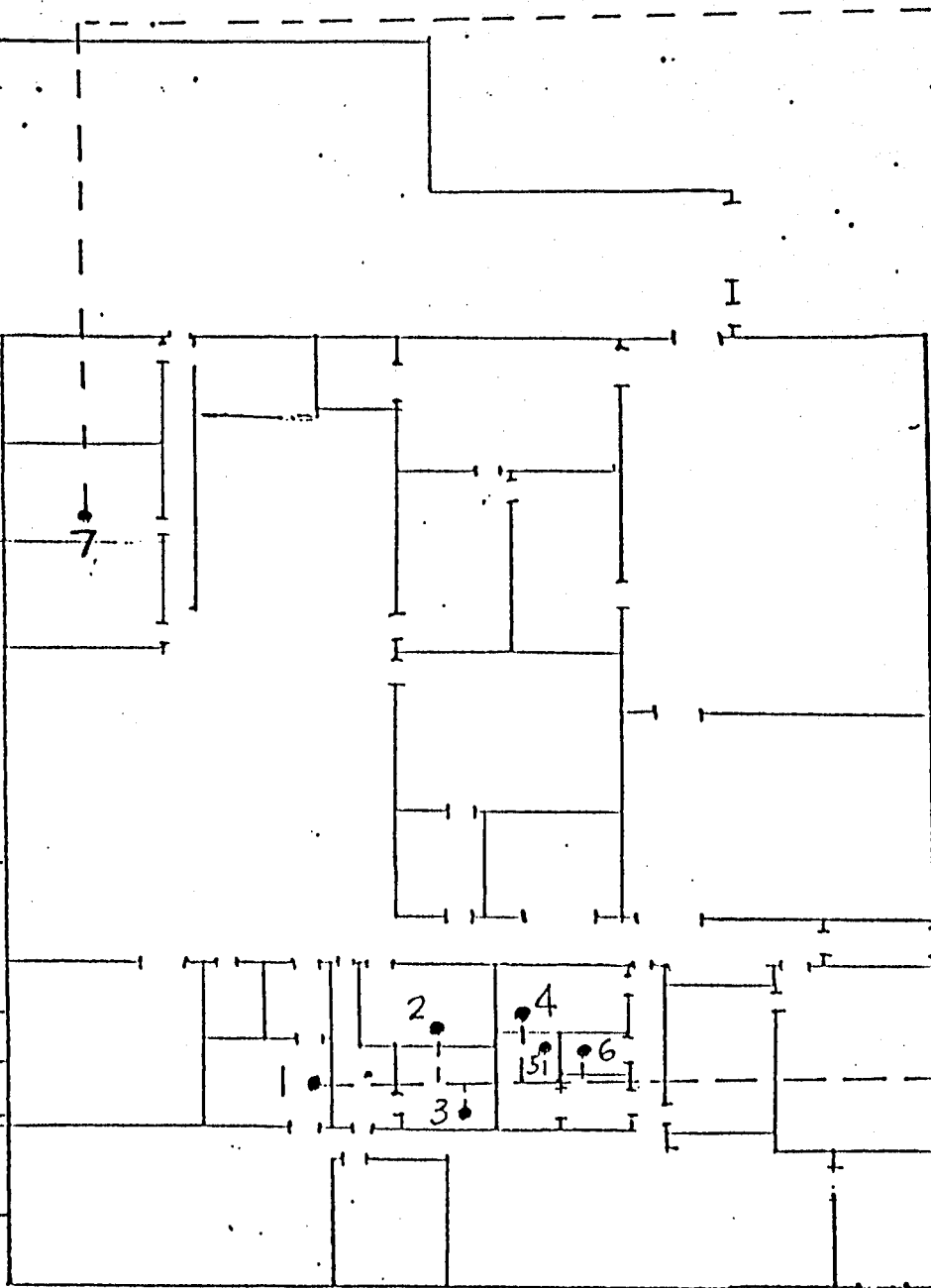


REV.	DATE	DESCRIPTION	BY	APPD.
A	3-30-90	NEW DWG.	GB	

1. Utility Sink
2. Men's Room
3. Women's Room
4. Men's Room
5. Women's Room
6. Utility Closet

7. PLATING VOLUME

DATE	METER	WORK DAYS
4/12/90	0076	0
5/16/90	3960	26
TOTAL FLOW	3884 GALS.	26



Monitoring Point

House Trap

55 feet

Main Trunk Line

← HOOK ROAD →

- 2 - 1 QTY. RE		ITEM NO.	PART NO.	TITLE OR DESCRIPTION		SPEC. NO.	REV.
TOLERANCES: XXX:±.003 XX:±.015 CHAMFER SHARP EDGES .003 X 45° HOLES ARE +.003 - .000 UNLESS SHOWN ANGLES ARE ±30° UNLESS SHOWN MAIL:				AIRFLYTE ELECTRONICS COMPANY BAYONNE, N. J.			
NEXT ASSY.				TITLE PLOT PLAN With DRAIN LINES			
WORKMANSHIP PER AIRFLYTE STD. SSP-175		FINISH		BY	SCALE 1" = 10 FT	DWG. NO.	ISSUE
CODE IDENT NO. 99200				DATE	APPD.	ASK-238	A

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